

INTERPRETIVE GUIDELINES
TOP TEN MOST CITED VIOLATIONS
RULES AND REGULATIONS FOR CHILD CARING INSTITUTIONS
CHAPTER 290-2-5

RULE #	RULE	INTERPRETIVE GUIDELINE
Recordkeeping. Personnel Records. 290-2-5-.08(5)(d)2.	<p>[Written personnel records] records shall include the following: ...</p> <p>2. A 10-year employment history or a complete employment history if the person has not worked 10 years; ...</p>	<p>An explanation is required for any periods, exceeding a three month span, during the 10-year history in which employment was not maintained is the expectation. (i.e. Notations should be made regarding staff members that have not worked for 10 years or those that did not work continuously for 10 years). The history should include both the month and the year for the start and end date of each job.</p>
Recordkeeping. Personnel Records. 290-2-5-.08(5)(d)6.	<p>[Written personnel records] records shall include the following: ...</p> <p>6. Documentation from a licensed physician or other licensed healthcare professional of a health screening examination within thirty (30) days of hiring sufficient in scope to identify conditions that may place the children at risk of infection, injury or improper care. ...</p>	<p>Documentation from a licensed healthcare professional of a health screening examination within 30 days of hiring. The documentation should also indicate that the employee does not have any identified conditions that may place the children in care at risk of infection, injury or improper care. The healthcare professional who performed the employee health screening may be an RN or a physician's assistant. It does not have to have been performed by a physician.</p>
Staffing. 290-2-5-.08(6)	<p>Staffing. The institution shall have sufficient numbers of qualified and trained staff as required by these rules to provide for the needs, care, protection, and supervision of children. All staff and volunteers shall be supervised to ensure that assigned duties are performed adequately and to protect the health, safety and well-being of the children in care.</p>	<p>Staffing should be based on the needs of the children in placement and on the history and current RBWO plan for each of those children. Room assignments or sleeping arrangements should be carefully considered and included in the assessment of the child's needs when determining the supervision plan.</p> <p>If there is a question of adequate staffing to ensure safety because an incident has occurred involving a resident or residents, the surveyor would look for:</p> <ol style="list-style-type: none"> 1) Whether the behavior of the resident had been thoroughly assessed after admission, and whether the staffing assigned was appropriate according to the needs identified; 2) Whether the staffing ratio at the time of the incident was appropriate given the information from the assessment; 3) Whether the most stringent staffing (1:1) would have prevented the incident from occurring; 4) Whether the provider had immediately reassessed the resident(s) involved to determine whether changes in the care plan should be made, and, if so, made those changes. 5) Whether there had been a series of similar incidents with the resident or others which had not resulted in any documented actions by the provider to reassess the situation. 6) Whether the provider alerted the treatment provider of changes in behavior to inform the treatment efforts

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Referral and Admission. 290-2-5-.09(2)(d)1.	<p>[Admission policies and procedures] shall include the following provisions or requirements.</p> <p>1. An intake referral form that includes a social, health, educational, family, behavioral and personal developmental history, shall be done to determine the placement and room, board and watchful oversight needs (services, supports, setting, etc.) of each child and whether that placement is appropriate. ...</p>	<p>Determination of RBWO needs and whether or not the agency can meet those needs shall be based on a child's assessment and intake referral form results.</p> <p>The intake referral form should be separate and identifiable.</p> <p>Note that a complete assessment is not required prior to admission. The assessment should be an expansion of the information collected during the intake process. If an agency uses the same document for both the intake and the subsequent assessment, the dates that each were performed must be documented.</p>
Assessment and Planning. 290-2-5-.10	<p>An institution shall complete a full written assessment of each child admitted for care and of each child's family within thirty days of admission and develop an individual written service plan for each child based on the assessments within thirty days of admission. If an assessment is not completed within thirty days, the reasons for the delay shall be documented in the child's case record and such documentation shall include statements indicating when the assessment is expected to be completed.</p>	<p>The intent of rules 290-2-5-.10 and 290-2-5-.10(a) are to allow the agency to expand on the intake with additional information that is observed and/or received between the date of admission and the completion of the assessment. The timeframe is not to exceed 30 days. Any longer timeline must have a documented explanation that is resident-based (for example, if the resident became ill during the 30 days and was not felt to be behaving in usual patterns due to prolonged bed rest), not based on short-staffing or other general reasons.</p>
Assessment and Planning. 290-2-5-.10(a)	<p>The facility's admission evaluation shall be coordinated by the child's designated Human Services Professional. The facility shall assess the needs of the child in the areas of health care, room, board and watchful oversight, education, family relationships, personal, social and vocational development, and any behavioral issues that require monitoring.</p> <p>1. This assessment is intended to expand upon the initial intake evaluation required by Rule .09(2)(a)1;</p> <p>2. The institution shall obtain the child's school records from the last school attended in order to complete the education needs component of the assessment.</p>	<p>It is expected that the assessment be signed by the HSP to verify that the HSP was responsible for the completion of the assessment. The assessment must address each area listed. The records received from the child's school must be in the child's file, or documentation of the request for the records. If records had been requested but were not received within a reasonable timeframe, it would be expected that there would be documentation of repeated or additional attempts to acquire the records. HSP qualifications are outlined in rule 290-2-5-.08(6)(b)</p>
Assessment and Planning. 290-2-5-.10(b)	<p>A service and room, board and watchful oversight plan shall be developed by the child's Human Services Professional in concert with the child's primary Child Care Worker, meaning the worker who has responsibility for supervision of the child in the living unit where the child resides. The plan shall contain the following data:</p> <p>1. The results of the assessment and identified needs;</p> <p>2. Statements of time-limited goals and objectives for the child and family and methods of achieving them and evaluating them;</p> <p>3. Statements of activities to be followed by the child and staff members in pursuit of the stated goals and objectives;</p> <p>4. Statements of any special care and services that will be</p>	<p>1. The plan should reference specifically each identified need from the assessment.</p> <p>2. Goals and objectives should be based on the individual resident's assessments and identified needs, not generic to all residents Those goals and objectives must be measurable and the way that they are measured must be clearly explained.</p> <p>3. A general schedule of all activities at the institution cannot take the place of the plan of activities specific to meeting the identified needs of that resident. Which activities specifically address which needs? The plan should include what the resident will do to work towards the goals and objectives, and what the staff will do.</p>

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	<p>arranged for or provided directly;</p> <p>5. Statements of goals and preliminary plans for discharge;</p> <p>6. Statements about the types of discipline that should be employed when necessary; and</p> <p>7. Statements about any restrictions of communications or visitations with any persons; such statements shall clearly show that the health, safety, and welfare of the child would be adversely affected by such communications or visits.</p>	<p>4. Special care would include any type of services other than RBWO. (e.g. medications and therapy.) If there are no special services, that should be indicated.</p> <p>5. Each resident's plan should include an estimated date for discharge and preliminary plans for where the resident would go after discharge.</p> <p>6. It should be indicated whether or not ESI's may be needed or if their use is contraindicated for the resident.</p> <p>7. If there are no restrictions, it should be so indicated.</p>
<p>Assessment and Planning. 290-2-5-.10(c)</p>	<p>The child, and the parent(s) or guardian(s), or child placing agency representative shall be involved in the development of the service and room, board and watchful oversight plans, and its periodic updates as described below.</p>	<p>Look for evidence that all parties were involved via a signature or documentation of efforts for involvement. Examples of acceptable forms of documented efforts include facsimile and e-mail confirmations.</p>
<p>Health Services. 290-2-5-.12(3)(a)1.</p>	<p>A general physical examination of the child shall be provided within 72 hours (excluding weekends and holidays) of admission unless such an examination has been completed within one year prior to admission. Such examination shall be done by a medical doctor, physician's assistant, or public health department and shall include basic diagnostic laboratory work, including but not limited to a Complete Blood Count (CBC) and basic Urinalysis; required immunizations; and vision and hearing tests.</p> <p>(i) Required Immunization. All children shall have current immunizations as outlined in Rules and Regulations of the Department of Human Resources for Immunization of Children as a Prerequisite to Admission to School or Other Facilities, Chapter 290-5-4.</p>	<p>The examination report itself should indicate that all parts of the examination were completed. Any health care professional authorized by law to conduct this type of service (i.e. RN, nurse practitioners, etc) may be utilized. Evidence of immunizations must be in the resident's record</p>
<p>Physical Plant and Safety. 290-2-5-.18(9)</p>	<p>(9) The institution shall be kept clean and free of hazards to health and safety and of debris and pests.</p>	<p>During any onsite inspection, a review of the physical plant is completed to ensure that the facility is clean. If there appear to be issues related to cleanliness or pests, the surveyor should attempt to determine whether it is an ongoing or incidental situation (Did this just happen today? What is the cleaning schedule? Have hazards been present for some time, so the staff should have been aware? Have there been attempts to address the situation? Are receipts or other forms of documentation available as proof of attempts to address the situation?)</p>